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COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES
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FEB 1 4 2008

MAINE ETHICS COMMISSION

2007 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

Covering the calendar year January 1, 2007 through December 31, 2007

Please file this statement with the Clerk of the House or the Secretary of the Senate by 5:00 p.m. on February 15, 2008.

☐ Please check if this is an update to a pre	viously filed statement for the calendar yea	r 2007.
	LEGISLATOR INFORMATION	
Name E. Plumm	es	Member of: ☑ House ☐ Senate
248 Gray Road		District
City, zip code Windhan, Masne	04062	Phone (207) 892-6088
PART 1. INCOME	DERIVED FROM EMPLOYMENT BY AN	OTHER
List the name and address of each employer principal type of economic activity of each employer.	er from whom you received compensation ployer.	of \$1,000 or more. Specify the
Name of Employer	Address	Principal Type of Economic Activity of Employer
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(For	OME DERIVED FROM SELF-EMPLOYME Legislators who are self-employed.)	1 시간 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
A. List the name and address of your busing derived income. If associated with a partner areas of economic activity of that entity.	ness, if any, and list the major areas of ϵ ship, firm, professional association, or sim	economic activity from which you ilar business entity, list the major
Name and Address of Business €ntity	Major Areas of Economic Activity (self)	Major Areas of Economic Activity (partnership, association or similar business entity)
Name: Address:		
Name: Address:		* * * * * * * * * * * * * * * * * * *

PART 2 (continued). INCOME DERIVED FROM SELF-EMPLOYN (For Legislators who are self-employed.)	ÉNT
B. List each source of income derived from self-employment that represents more than 10% of your gr is greater, and specify the principal type of economic activity of the entity or person from whom you del disclosure is prohibited by law, rule, or an established code of professional ethics, specify only the printhe entity or person from whom the income was derived.	rived such income. If this form of acipal type of economic activity of
Name and Address of Source	Principal Type of Economic Activity of Entity of Person Who is the Source of the Income
Name:	:
Address:	
Name:	
Address:	
PART 3. MAJOR AREAS OF PRACTICE (For Legislators who are attorneys-at-law only.)	
List your major areas of practice. If associated with a law firm, list the major areas of practice of your file	Company and the company of the compa
Name and Address of Firm Major Areas of Praction (self)	ce Major Areas of Practice (firm)
Name:	
Address:	
Name: Address:	of the characters
PART 4 OTHER SOURCES OF INCOME	
List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of this form. Do not include g	ifts. If none, check the box.
□ None	
	Kind of Income (investments, leases, etc.)
Name March State Retirement System -	Macher Retirement
Name: Maine State Retirement System Address: Augusta, Maine	
Name: Keviv and Debra Cobb	touse Rental Income
Address: 250 Gray Rd Windham Mc 04062	
PART 5. REPORTABLE LIABILITIES	
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more that you received during the re areas of economic activity of each creditor. Do not list loans from a relative. If none, check the box	porting period, and list the major
None	
Name and Address of Creditor	Principal Type of Economic Activity of Creditor
Name:	
Address:	
Name:	
Address:	
PART 6. REPORTABLE GIFTS	
List the specific source of each gift of more than \$300. Include gifts with an aggregate value of more the none, check the box	nan \$300 from a single source. If
None	e we grow with the membership of a consistent
Name of Source of Gift Name of So 1. 3.	ource of Gift
2	namen sam menga mengan sasa di mengan mengan sam sasa sasa sebahan mengan saman sasa mengan sebagai mengan seb P
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PART 7. REPORTABLE		4 . 541		
List the source of any honoraria accepted for appearances or speeches re	lated to	your officia	al duties. If none, check	the box.
None			We find the Property of the Communication of the Property of Communication	
Name of Source of Honoraria	of a statement	Nam	ne of Source of Honorar	
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2. 4.		-	and the second s	2000 de de menoren en e
PART 8. REPRESENTATION BEF	ORÉ S	TATE AG	ENCIES	22 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
List each executive branch agency before which you represented or assi the box.				unt. If none, check
None	7-k 2	7.75. history	and the control of the second and the control of th	-
Name of Agency			Name of Agency	
1. 3.		•		
2. 4.		- William Control of the Control of	2.00	
PART 9. BUSINESS WITH S	TATE	ÅGENCIE	S SS	
List each executive branch agency to which you or a member of your imm \$1,000 during the reporting period. If none, check the box.				a value in excess of
None	0-4-1-000cm	YCCC		TATTA 200-000 (1/2 to 1/2 to 1
Name of Agency			Name of Agency	
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2. 4.	· · · · · · · · · · · · · · · · · · ·	Constitution of the Consti	and the state of t	oodooniin maasaa yoo aa ahaa ka k
PART 10. INCOME RECEIVED BY MEME	ERS ()E IMMED	IATE EAMILY	
List the type of economic activity representing each source of income of (ren) during the reporting period and the kind of income represented. Do r "D" for income received by dependents.	\$1,000	or more re	ceived by your enouge	or dependent child eived by spouse or
Type of Economic Activity Representing Source of Income Received	ं ु appr	ircle opriate itter	Kind of line	one
1.	S	D	han see almeer 1 al alaaha, il al <mark>kullanari (Katas (1920) 1920).</mark> a <u>nna il</u> alaaha <u>anna il</u>	in anti-iniaine e en
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4.	S.	D	The state of the s	elin nemaratuuri 1972 – kullinnin nemara partee 1975, 200, 5 miner
SIGNATURE				
A Legislator who willfully fails to file a required statement is subject to 1 M.R.S.A. § 1017-A)	o a fine	of \$10 p	er business day until	the report is filed.
he intentional filing of a false statement is a Class E crime. If the Co	mmissi	on conclu	des that it appears tha	at a Legislator has
rillfully filed a false statement, it shall refer its findings of fact to the Attor				
the Commission determines that a Legislator has willfully failed to file and Legislator shall be presumed to have a conflict of interest on evenuestion in committee or in either branch of the Legislature, and shall M.R.S.A. § 1019)	n/ aue	bne anite	shall be procluded fr	om votina on au-
Mary Z. Plum		2/14	108	
Signature		~(Date	

NAME:			* · · · · · · · · · · · · · · · · · · ·		DATE:			· · · · · · · · · · · · · · · · · · ·	
ADDRESS:		AND	-	-		-		-	
			ADD	ITIONAL INFORM	ATION				
Please provide information you	any additional are providing.	information	below (and or	n additional sheet	s if needed).	Indicate th	e part or	section r	number for the
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